

FORUM 65 REGISTRATION FORM

AHS 65th Annual Forum and Technology Display, "Gallopings Towards New Vertical Flight Advancements"
 May 27-29, 2009 – Gaylord Texan Convention Center, Grapevine, TX



Fax completed form to: 703-739-9279 or mail to AHS International (address at bottom of form)

1 REGISTRANT: (Please print or type information as it should appear on your badge)

(Mr. Ms. Rank) First Name MI Last Name Nickname for Badge

Job Title

Organization

Address Indicate Home ___ or Work ___

City

State/Province

Zip

Country

E-mail

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Telephone

Fax

SPOUSE REGISTRATION: I have enclosed appropriate Spouse Registration Fees

(Mr. Ms. Rank) First Name MI Last Name Nickname for Badge

Check here if you have a disability requiring special services

2 Circle your choices and then fill in section 4

REGISTRATION FEES

3 Days by 5/2/09 3 Days after 5/2/09 2 Days 1 Day

OPTIONS FOR AHS MEMBERS AHS Member # _____

Attendee
 \$690 \$755 \$525 \$355

Speaker or Gov't Employee
 \$630 \$695 \$470 \$300

Student/Fully Retired/Uniformed Military
 \$260 \$315 \$225 \$150

OPTIONS FOR NON-AHS MEMBERS

Attendee
 \$755 \$820 \$625 \$455

Speaker or Gov't Employee
 \$700 \$765 \$570 \$400

Student/Fully Retired/Uniformed Military
 \$340 \$395 \$305 \$230

OPTIONS FOR SPOUSE

\$260 \$315 \$225 \$150

The above Registration fees include all functions scheduled on the day(s) attending.

Proceedings may be purchased for an additional fee. (See fees in Section 3)

CHECK APPLICABLE DAYS OF ATTENDANCE:

Wednesday 5/27 Thursday 5/28 Friday 5/29

We will fax or mail our **WIRE TRANSFER INFORMATION** upon request.

Send a fax to: 703-739-9279 to solicit this information.

3 ADDITIONAL ITEMS AND FUNCTIONS

Check your selections and then fill in section 4

AHS Member Proceedings \$205ea CD-ROM Printed
 Non-Member Proceedings \$255ea CD-ROM Printed
 Extra VFF Reception & Grand Awards Banquet \$80
 Workshop- All Forum Attendees \$160
 AHS Member Attending Workshop ONLY \$200
 Non-Member Attending Workshop ONLY \$250

4 SUMMARIES OF FEES

Registration \$ _____

Workshop \$ _____

Proceedings \$ _____

Extra Functions \$ _____

Total \$ _____

5 PAYMENT METHOD

Check Make payable (US\$) to AHS International
 MasterCard | Visa | American Express | Purchase Order

Card Number: _____

Exp. Date: _____

Signature: _____

CANCELLATION POLICY:

No refunds after May 2, 2009.

There will be a \$50 fee cancellation fee for all credit card transactions.

OFFICE USE ONLY:

Date Received